

AUTO CR - LOG SUMMARY #1075748

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
IN SUMMARY, A/O'S RESPONDED TO A MENTAL DISTURBANCE CALL IN WHICH SUBJECT WAS IN THE WEST ALLEY OF WOOD THROWING GARBAGE CANS DOWN WHILE YELLING. UPON ARRIVAL, A/O'S OBSERVED THE ALLEY FULL OF TOSSED GARBAGE CANS AND THEN OBSERVED OFFENDER IN THE ALLEY AT WHICH TIME OFFENDER BEGAN TO FLEE THE SCENE. A/O'S FOLLOWED OFFENDER AND MET WITH HIM ON WOOD STREET WHERE OFFENDER HAD A BROKEN GLASS BOTTLE ON LEFT HAND AND THEN TOSSED AN OBJECT AT A/O'S POLICE VEHICLE, BREAKING THE REAR DRIVER SIDE WINDOW. OFFENDER FLED AGAIN AND A/O'S FOLLOWED HIM TO THE WEST ALLEY OF HERMITAGE WHERE OFFENDER BEGAN TO THROW GLASS BOTTLES AT A/O'S AT WHICH POINT P.O. CORDERO DEPLOYED HIS O.C. SPRAY. OFFENDER RAN TO HERMITAGE STREET WHERE HE PROCEEDED TO BREAK SEVERAL CAR WINDOWS IN THE 1700 BLOCK OF HERMITAGE. OFFENDER THEN RAN TO 1740 N HERMITAGE WHERE HE BROKE STORE FRONT WINDOWS AND SUSTAINED SEVERAL LACERATIONS TO HAND AND BODY AND BEGAN TO THROW LARGE PIECES OF GLASS TOWARDS A/O'S WHERE SGT. BETANCOURT SUSTAINED A LACERATION TO HIS LEFT MIDDLE FINGER. BEAT 1293 ASSISTED AND P.O. JACKOWIAK #3130 DEPLOYED HIS TASER. AFTER A SHORT STRUGGLE, OFFENDER WAS PLACED IN CUSTODY.	(None Entered)		

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	SEKERA, ROBERT A	1571		014 /	SERGEANT OF POLICE	M	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
18-JUN-2015 10:45 - 18-JUN-2015 10:45		1433	014	289 - RESIDENCE PORCH/HALLWAY	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
------	------	----------	---------	-----------	----------	--------	-----------------------------

Other Involved Parties

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Witness	BETANCOURT, WILLIAM	532		014 /	SERGEANT OF POLICE	M	S		
CPD Employee	Witness	REYES, FELIPE	416		014 /	SERGEANT OF POLICE	M	S		
NON-CPD	Victim/Subject						M	WWH		
CPD Employee	Witness	CORDERO, MIGUEL A	18568		014 /	POLICE OFFICER	M	S		
CPD Employee	Witness	LEVINE, AARON M	2306		014 /	POLICE OFFICER	M	WHI		
CPD Employee	Witness	LINDAHL, CHRISTOPH A	8634		012 /	POLICE OFFICER	M	WHI		
CPD Employee	Involved Member	JACKOWIAK, JOHN P	3130		012 /	POLICE OFFICER	M	WHI		

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
------	-----------------	----------------	--------------

Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
--------------	------	---------------	---------------	--------------------	------------------------	-------------

Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
------	-----------------------------	-----------------------------	----------------------------	-----------------	-------------	-----------------------	-------------	---------------	-------------------

Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
--------------	----------	------------	----------	-------------	---------

Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
--------------	------------	-----------	------------------------	--------------	--------------	-------------------	-----------

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	25-AUG-2015 01:23	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	No allegations of misconduct.
CLOSED AT C.O.P.A.	25-AUG-2015 01:20	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	
PENDING ASSIGN TEAM	22-JUN-2015 03:08	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	22-JUN-2015 01:41	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	Enhanced Inv.
PRELIMINARY	22-JUN-2015 01:41	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PRELIMINARY	22-JUN-2015 01:40	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PRELIMINARY	22-JUN-2015 11:00	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PRELIMINARY	22-JUN-2015 10:28	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PRELIMINARY	19-JUN-2015 06:14	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PRELIMINARY	19-JUN-2015 09:34	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
PRELIMINARY	19-JUN-2015 01:16	CHIBE, JOHN	POLICE OFFICER	116 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					CHIBE, JOHN	19-JUN-2015 01:16			
	DOCUMENTS - INTAKE INCIDENT		1		N	QUERFURTH, PATRICK	22-JUN-2015 01:29	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Cordero	N	QUERFURTH, PATRICK	22-JUN-2015 01:32	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Reyes	N	QUERFURTH, PATRICK	22-JUN-2015 01:39	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3		N	LETT, KELVIN	20-JUN-2015 03:25	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Levine	N	QUERFURTH, PATRICK	22-JUN-2015 01:32	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		4	PO Lindal	N	QUERFURTH, PATRICK	22-JUN-2015 01:39	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		7	PO Jackowiak, OBR, Infectious Disease	N	QUERFURTH, PATRICK	22-JUN-2015 01:31	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		9		N	LETT, KELVIN	20-JUN-2015 03:24	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
-------------	------------------------------	-------------	-------------	----------	------	-------------	---------

Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
-------------	------------------------------	-------------	-------------	----------	------	-------------	---------

Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
---------	------------	-------------	--------------------	------	---------	---------	------------------

Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
---------	-------------	--------------------	------	---------	---------	------------------

Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
--------------	-------------	----------	---------	----------	----------

FACE SHEET (Notification Date: 19-JUN-2015) - LOG #1075748

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	SEKERA, ROBERT A	1571		014 /	SERGEANT OF POLICE	M	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
18-JUN-2015 10:45 - 18-JUN-2015 10:45		1433	014	289 - RESIDENCE PORCH/HALLWAY	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
------	------	----------	---------	-----------	----------	--------	-----------------------------

Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	19-JUN-2015 01:16	CHIBE, JOHN	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	25-AUG-2015 01:23	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	No allegations of misconduct.
CLOSED AT C.O.P.A.	25-AUG-2015 01:20	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	
PENDING ASSIGN TEAM	22-JUN-2015 03:08	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	22-JUN-2015 01:41	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	Enhanced Inv.
PRELIMINARY	22-JUN-2015 01:41	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PRELIMINARY	22-JUN-2015 01:40	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PRELIMINARY	22-JUN-2015 11:00	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PRELIMINARY	22-JUN-2015 10:28	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
PRELIMINARY	19-JUN-2015 06:14	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PRELIMINARY	19-JUN-2015 09:34	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PRELIMINARY	19-JUN-2015 01:16	CHIBE, JOHN	POLICE OFFICER	116 /	

ARREST REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11. 420C (REV. 6/30)

CB #:
IR #:
YD #:
RD #:
EVENT #:

ARREST REPORTING

OFFENDER	Name:		Beat: 2512	Male	NO PICTURE AVAILABLE
	Res:			White Hispanic	
	DOB:			5' 08"	
	AGE: 38 years			200 lbs	
	POB: Unknown			Brown Eyes	
	SSN:			Black Hair	
	DLN:			Short Hair Style	
	ARMED WITH Lethal Cutting Instrument			Medium Complexion	

INCIDENT	Arrest Date: 18 June 2015 22:52	TRR Completed? Yes	Total No Arrested: 1	Co-Arrests	Assoc Cases
	Location:	Beat: 1433		DCFS Ward ? No	
	303 - Sidewalk			Dependent Children? No	
	Holding Facility: District 019 Male Lockup				
	Resisted Arrest? Yes				

CHARGES	1	Offense As Cited	720 ILCS 5.0/12-3-A-1	Victim
			BATTERY - CAUSE BODILY HARM	State Of Illinois, Sgt. Betancourt #2279
			Class A - Type M	
	2	Offense As Cited	720 ILCS 5.0/21-1-A-1	
			CRIM DAMAGE TO PROPERTY <\$300	
			Class A - Type M	
	3	Offense As Cited	720 ILCS 5.0/21-1-A-1	
			CRIM DAMAGE TO PROPERTY <\$300	
		Class A - Type M		
4	Offense As Cited	720 ILCS 5.0/21-1-A-1		
		CRIM DAMAGE TO PROPERTY <\$300		
		Class A - Type M		
5	Offense As Cited	720 ILCS 5.0/21-1-A-1		
		CRIM DAMAGE TO PROPERTY <\$300		
		Class A - Type M		
6	Offense As Cited	720 ILCS 5.0/21-1-A-1		
		CRIM DAMAGE TO PROPERTY <\$300		
		Class A - Type M		
7	Offense As Cited	720 ILCS 5.0/21-1-A-1		
		CRIM DAMAGE TO PROPERTY <\$300		
		Class A - Type M		
8	Offense As Cited	720 ILCS 5.0/21-1-A-1		
		CRIM DAMAGE TO PROPERTY <\$300	State Of Illinois, P.O. Cordero #18568	

ARREST REPORTING

Class A - Type M

RECOVERED
NARCOTICS

NO NARCOTICS RECOVERED

WARRANT

Warrant No	Issue Date	Type	NCIC/ Leads No	Hold	Bond Amount	Case Docket No	County
------------	------------	------	-------------------	------	----------------	-------------------	--------

[REDACTED]	11-JUN-15	Bond Forfeiture Warrant	[REDACTED]				
------------	-----------	-------------------------	------------	--	--	--	--

Remarks: WARRANT CONFIRMED AT 0015 HRS. BY STEWART #145. WARRANT HAS BEEN RECALLED AND WILL BE ISSUED AT A LATER DATE DUE TO ARRESTEE BEING ADMITTED INTO THE HOSPITAL. PER EXTRADITION MARK MONTECINOS #3665 19JUNE2015 1115HRS

ARREST REPORTING

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, P.O. Rivera #9612

Empl: 2150 N California Ave
Chicago, IL 60647
312-744-8290

Beat: 1414

DOB:

Age:

Comments:

Injured? No

Deceased? No

Hospitalized? No

Treated and Released? No

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, Sgt. Betancourt #2279

Empl: 2150 N California Ave
Chicago, IL 60647
312-744-8290

Beat: 1414

DOB:

Age:

Comments:

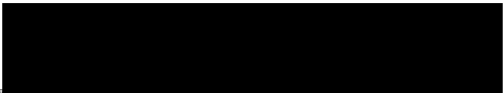
Injured? No

Deceased? No

Hospitalized? No

Treated and Released? No

NON-OFFENDER(S)



ARREST REPORTING

Injuries: Laceration

IN

AR

REST

REPORT

ING

IN

AR

REST

REPORT

ING



ARREST REPORTING

LACERATION AND SWELLING TO
LEFT MIDDLE FINGER

Comments:

VICTIM AND COMPLAINANT

Name:
Res:

Beat:3100

Male

Injured? No Deceased? No

DOB:

Hospitalized? No

Age:

Treated and Released? No

Comments:

VICTIM AND COMPLAINANT

Name:
Res:

Beat:1433

Male

Injured? No Deceased? No

DOB:

Hospitalized? No

Age:

Treated and Released? No

Comments:

VICTIM AND COMPLAINANT

Name:
Res:

Beat:1433

Male

Injured? No Deceased? No

DOB:

Hospitalized? No

Age:

Treated and Released? No

Comments:

VICTIM AND COMPLAINANT

Name:
Res:

Beat:1433

Male

Injured? No Deceased? No

DOB:

Hospitalized? No

Age:

Treated and Released? No

Comments:

VICTIM AND COMPLAINANT

Name:
Res:

Beat:4100

Male

Injured? No Deceased? No

DOB:

Hospitalized? No

Age:

Treated and Released? No

Comments:

ARREST REPORTING

VICTIM AND COMPLAINANT

Name: [REDACTED]	Beat: 1433	Injured? No	Deceased? No
Res: [REDACTED]		Hospitalized? No	
	DOB:	Treated and Released? No	
	Age:		
	Comments:		

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, P.O. Cordero #18568	Beat: 1414	Injured? No	Deceased? No
Empl: 2150 N California Ave		Hospitalized? No	
Chicago, IL 60647		Treated and Released? No	
312-744-8290	DOB:		
	Age:		
	Comments:		

ARRESTEE
VEHICLE

NO ARRESTEE VEHICLE INFORMATION ENTERED

PROPERTIES

Confiscated Properties :

All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.

PROPERTIES INFORMATION FOR [REDACTED]

NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.

INCIDENT NARRATIVE

(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)

[REDACTED] IN SUMMARY, A/O'S RESPONDED TO A MENTAL DISTURBANCE CALL IN WHICH SUBJECT WAS IN THE WEST ALLEY OF WOOD THROWING GARBAGE CANS DOWN WHILE YELLING. UPON ARRIVAL, A/O'S OBSERVED THE ALLEY FULL OF TOSSED GARBAGE CANS AND THEN OBSERVED OFFENDER IN THE ALLEY AT WHICH TIME OFFENDER BEGAN TO FLEE THE SCENE. A/O'S FOLLOWED OFFENDER AND MET WITH HIM ON WOOD STREET WHERE OFFENDER HAD A BROKEN GLASS BOTTLE ON LEFT HAND AND THEN TOSSED AN OBJECT AT A/O'S POLICE VEHICLE, BREAKING THE REAR DRIVER SIDE WINDOW. OFFENDER FLED AGAIN AND A/O'S FOLLOWED HIM TO THE WEST ALLEY OF HERMITAGE WHERE OFFENDER BEGAN TO THROW GLASS BOTTLES AT A/O'S AT WHICH POINT P.O. CORDERO DEPLOYED HIS O.C. SPRAY. OFFENDER RAN TO HERMITAGE STREET WHERE HE PROCEEDED TO BREAK SEVERAL CAR WINDOWS IN THE 1700 BLOCK OF HERMITAGE. OFFENDER THEN RAN TO [REDACTED] WHERE HE BROKE STORE FRONT WINDOWS AND SUSTAINED SEVERAL LACERATIONS TO HAND AND BODY AND BEGAN TO THROW LARGE PIECES OF GLASS TOWARDS A/O'S WHERE SGT. BETANCOURT SUSTAINED A LACERATION TO HIS LEFT MIDDLE FINGER. BEAT 1293 ASSISTED AND P.O. JACKOWIAK #3130 DEPLOYED HIS TASER. AFTER A SHORT STRUGGLE, OFFENDER WAS PLACED IN CUSTODY. AMB 62 ON SCENE. OFFENDER TRANSPORTED TO [REDACTED] WHERE HE WAS SCENE AND TREATED BY [REDACTED] DETECTIVE HUND #20323 NOTIFIED @0202 HRS.. NAME CHECK REVEALED ONE ACTIVE WARRANT NO INVESTIAGTIVE ALERT. CLEAR GIPP AND TWO DEGREES OF ASSOCIATION.

SEE WC COMMENTS SECTION FOR ADDITIONAL COMMENTS

ARREST REPORTING

COURT INFO	BOND INFO
Desired Court Date: 05 August 2015	Bond Date: 19 June 2015 12:25
Branch: 23-5 5555 W GRAND - Room	Type: Recognizance
Court Sgt Handle? No	Receipt #: I8057805
Initial Court Date: 05 August 2015	Amount: \$3,000.00
Branch: 23-4 5555 W GRAND - Room	
Docket #:	

REPORTING PERSONNEL								
ATTESTING OFFICER: I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.								
Attesting Officer: #9612 RIVERA, R [REDACTED] 19 JUN 2015 02:47								
ARRESTING OFFICER(S):								
<table border="0"><tr><td>1st Arresting Officer:</td><td>#18568</td><td>CORDERO, M A [REDACTED]</td><td>Beat</td></tr><tr><td>2nd Arresting Officer:</td><td>#9612</td><td>RIVERA, R [REDACTED]</td><td>1481C</td></tr></table>	1st Arresting Officer:	#18568	CORDERO, M A [REDACTED]	Beat	2nd Arresting Officer:	#9612	RIVERA, R [REDACTED]	1481C
1st Arresting Officer:	#18568	CORDERO, M A [REDACTED]	Beat					
2nd Arresting Officer:	#9612	RIVERA, R [REDACTED]	1481C					
APPROVING SUPERVISOR:								
Approval of Probable Cause : #1571 SEKERA, R A [REDACTED] 19 JUN 2015 03:21								

ARREST PROCESSING REPORT

Holding Facility: District 019 Male Lockup
Received in Lockup: 19 June 2015 09:39
Prints Taken:
Palprints Taken: Yes
Photograph Taken:
Released from Lockup: 19 June 2015 12:25

Time Last Fed:
Time Called: Phone#:
Cell #:
Transport Details : 2PO 1431R 18-JUN-2015 22:57

VISUAL CHECK OF ARRESTEE

Is there obvious pain or injury?
Is there obvious signs of infection?
Under the influence of alcohol/drugs?
Signs of alcohol/drug withdrawal?
Appears to be despondent?
Appears to be irrational?
Carrying medication?

ARRESTEE QUESTIONNAIRE

Presently taking medication?
(if female)are you pregnant?
First time ever been arrested?
Attempted suicide/serious harm?
Serious medical or mental problems?
Are you receiving treatment?
Transgender/intersex/gender non-conforming?
Deaf/hard of hearing-request interpreter for court?
Interpreter needed? (indicate language)

RETURN TO HOLDING FACILITY COMMENTS:

QUESTIONNAIRE REMARKS:

Printed And Photo Be E.T.

LOCKUP KEEPER COMMENTS:

EMERGENCY CONTACT

Name : REFUSED

Res:

Beat:

INTERVIEW LOG

NO INTERVIEWS LOGGED

VISITOR LOG

NO VISITORS LOGGED

ARREST PROCESSING REPORT

MOVEMENT LOG	Action	By	Destination	Reason
	RECEIVED BY	#9304 Amstadt, Robert	19 JUN 2015 03:35	Lacerations And Mental Issues Treated By Hospital Staff
	RELEASED BY	#1571 Sekera, Robert A	19 JUN 2015 03:35 District 019 Male Lockup	

Watch Commander Comments:

#1642 Burgos, Luis (PC01532)

19 JUN 2015 13:05

Arrestee taken to [REDACTED] for Medical Attention and Evaluation. After examining subject, [REDACTED] made the determination subject will be admitted to the Psychiatric Ward of the hospital on the 8th floor. Crisis Counselor [REDACTED] present during the examination.

#869 Breimon, Gerald C [REDACTED]

19 JUN 2015 11:34

The warrant has been recalled per PO Montecinos #3665, 19 Jun 15 @ 1115 hours, due to the arrestees current medical condition.

#869 Breimon, Gerald C [REDACTED]

19 JUN 2015 10:54

Arresting officers will attempt to locate victims to sign complaints during their tour of duty on 3rd watch, 19 Jun 15.

DOES NOT APPLY TO THIS ARREST

REL w/o CHARGING

ARRESTEE PROCESSING PERSONNEL:

			Beat
Searched By:	ECHEVARRIA, A	[REDACTED]	
Lockup Keeper:	ECHEVARRIA, A	[REDACTED]	
Assisting Arresting Officer:	#13888 TORRES, M E	[REDACTED]	1481D
Assisting Arresting Officer:	#3130 JACKOWIAK, J P	[REDACTED]	1293
Assisting Arresting Officer:	#8634 LINDAHL, C A	[REDACTED]	1293
Assisting Arresting Officer:	#9541 MARTINEZ, A L	[REDACTED]	1481D
Evidence Technician:	#12933 WIECHERT, L K	[REDACTED]	
Fingerprint Received By:	WILSON, F A	[REDACTED]	

APPROVAL PERSONNEL:

			Beat
Final Approval of Charges :	#1642 BURGOS, L	[REDACTED]	19 JUN 2015 13:15

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11.388(6/03)-C

INCIDENT	APPROVAL COMPLETE		
	IUCR: 0452 - Battery - Aggravated Po: Knife/Cut Instr		
	1345 - Criminal Damage - To City Of Chicago Property		
	Occurrence Location: 304 - Street Occurrence Date: 18 June 2015 22:35	Beat: 1433	Unit Assigned: 1481D RO Arrival Date: 18 June 2015 22:38 # Offenders: 1

NON-OFFENDER(S)	VICTIM - Individual		Police Officer
	Name: SGT. BETANCOURT 2150 N California Ave Chicago, Illinois Beat: 1414 Sobriety: Sober CPD Officer: Yes		
	VICTIM - Government		
	Name: CITY OF CHICAGO Contact Person: PO CORDERO 2150 N California Ave Chicago, Illinois Beat: 1414 312 - 744 - 8290 CPD Officer: No		

INJURY(S)	Injury Info (SGT. BETANCOURT - Victim)		
	Injured BY offender Extent: Minor CPD First Aid Given? Yes Hospital Physician Name		
	<u>Type</u>	<u>Weapon Used</u>	<u>Other Weapon Used</u>
	Laceration	Knife/Cutting Instrument	Other - 2feet In Length Broken Window Glass Pane

SUSPECT(S)	Suspect # 1		In Custody
	Name:	Beat: 2512	Demographics
	Res:		Male White Hispanic 6'01, 260 lbs , Brown Eyes Brown Hair Short Hair Style Medium Complexion
			DOB: Age: 38 years Birth Place: Illinois Suspected of Using: Weapon

Chicago Police Department - Incident Report

SUSPECT(S)	Injury Info							
	Extent: Serious							
	CFD First Aid Given: Yes							
	Responding Unit: Ambulance 62	Hospital: [REDACTED]	Physician Name: [REDACTED]					
<table border="1"><thead><tr><th>Type</th><th>Weapon Used</th><th>Description</th></tr></thead><tbody><tr><td>Laceration</td><td>Knife/Cutting Instrument</td><td>MULTIPLE GLASS FRAGMENTS</td></tr></tbody></table>			Type	Weapon Used	Description	Laceration	Knife/Cutting Instrument	MULTIPLE GLASS FRAGMENTS
Type	Weapon Used	Description						
Laceration	Knife/Cutting Instrument	MULTIPLE GLASS FRAGMENTS						

RELATIONSHIP	SGT. BETANCOURT	(Victim)	is a Unknown of	[REDACTED]	(Offender)

VEHICLE	Vehicle #1					
	Vehicle: 2014 Ford - Explorer - Automobile				Owner: City Of Chicago	
	Color-Top/Bottom: White/Blue, Light		Style: Hardtop, 4-Door			
	Stolen? No	Damaged? Yes	Destroyed? No	Burned? No	Theft From? No	Recovered? No
	Description: Window-Rear-Broke,		Possessor/User: CITY OF CHICAGO, License Plate #: [REDACTED] Illinois - City Owned Or Municipal			
Towed? No						

[REDACTED] IN SUMMARY, WHILE RESPONDING TO A MENTAL DISTURBANCE, BEAT 1481C APPROACHED [REDACTED] (OFFENDER) AND OBSERVED HIM KNOCKING OVER GARBAGE CANS IN THE WEST ALLEY OF [REDACTED] AT WHICH TIME BEAT 1481C ENGAGED IN AN INVESTIGATORY STREET STOP ON [REDACTED] (OFFENDER). [REDACTED] (OFFENDER) RESPONDED BY STATING "FUCK YOU PIGS" AND DISPLAYED A LARGE COBBLE STONE BRICK HE RETRIRED FROM THE GROUND AND PROCEEDED TO BREAK BEAT 1481C REAR VEHICLE WINDOW. [REDACTED] (OFFENDER) IGNORED A/O S VERBAL COMMANDS TO STOP, AND PICKED UP SEVERAL BEER BOTTLES, THROWING THEM AT 1481C VEHICLE. AT WHICH TIME PO CORDERO EXITED THE SQUAD CAR AND DEPLOYED O.C. SPRAY. [REDACTED] (OFFENDER), UNAFFECTED BY THE O.C. SPRAY, FLED ON FOOT E/B ON TO THE 1700 N BLOCK OF HERMITAGE. ADDITIONAL UNITS WERE CALLED TO THE SCENE. IN ADDITION TO BEAT 1481C, BEAT 1481D AND SGT. BETANCOURT (VICTIM AND COMPLAINANT) ATTEMPTED TO TACTFULLY APPROACH [REDACTED] (OFFENDER) AS HE WAS SMASHING MULTIPLE PARKED CAR WINDOWS WITH THE COBBLE STONE BRICK AS WELL AS WITH HIS BARE HANDS. IT WAS ALSO DURING THIS TIME THAT R/O S OBSERVED EDGAR [REDACTED] (OFFENDER) BLEEDING FROM HIS HANDS. [REDACTED] (OFFENDER) WAS GIVEN LAWFUL VERBAL COMMANDS TO STOP DESTROYING THE PROPERTY, TO WHICH HE IGNORED AND FLED ONCE AGAIN TO THE RESIDENCE AT [REDACTED] N HERMITAGE. ONCE IN THE DOORWAY AT 1740, HE BEGAN BREAKING OFF LARGE SECTIONS OF THE WINDOW PANE, WHICH ENCASED HIM, AND BEGAN THROWING THEM AT SGT. BETANCOURT (VICTIM AND COMPLAINANT). AS SGT. BETANCOURT (VICTIM AND COMPLAINANT) RAISED HIS ARMS TO DEFEND HIMSELF HE WAS STRUCK BY ONE OF THE SECTIONS OF THROWN GLASS AND WAS SUBSEQUENTLY CUT ON HIS LEFT MIDDLE FINGER. AT WHICH TIME PO JACKOWIAK DEPLOYED TASER, WHICH HAD LITTLE IMPACT ON [REDACTED] (OFFENDER), HOWEVER, HE DID RELEASE HIS GRIP OF A VERY LARGE SECTION OF BROKEN WINDOW PANE WHICH SHATTER INTO PECIES ON THE SIDEWALK. [REDACTED] (OFFENDER) WAS FINALLY HAND CUFFED AND TAKEN TO THE GROUND LEVEL, WHERE HE COULD NO LONGER HARM HIMSELF OR OTHERS. [REDACTED] (OFFENDER) WAS PLACED UNDER ARREST AND TAKEN TO [REDACTED] E.R. WHERE HE WAS TREATED FOR MULTIPLE INJURES AS A RESULT FROM THE FRAGMANETS OF GLASS HE MADE CONTACT WITH DURING THE INCIDENT.

NOTIFICATION: LIEUTENANT FINE Beat#: Star#: 287 Emp#: Date: 19-JUN-2015 Time: 2349 NOT
NOTIFICATION: DISTRICT DESK ROBERT SKERA Beat#: 1401 Star#: Emp#: Date: 19-JUN-2015 Time: 2355 NOT
- STAR#: 13888 NAME: MICHAEL TORRES BEAT: 1481D

Chicago Police Department - Incident Report

NARRATIVES

- STAR#: 9541 NAME: ANGELIQUE MARTINEZ BEAT: 1481D

- STAR#: 18568 NAME: MIGUEL CORDERO BEAT: 1481C

- STAR#: 9612 NAME: RICARDO RIVERA BEAT: 1481C

- STAR#: 3130 NAME: JOHN JACKOWIAK BEAT: 1293

- STAR#: 8634 NAME: CHRISTOPH LINDAHL BEAT: 1293

- STAR#: 2279 NAME: WILLIAM BETANCOURT BEAT: 1480

PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Reporting Officer	13888		TORRES, Michael, E		19 Jun 2015 02:02	014	1481D

IUCR ASSOCS.

Victim	IUCR	Crime	Offender
CITY OF CHICAGO	1345	Criminal Damage - To City Of Chicago Property	
SGT. BETANCOURT	0452	Battery - Aggravated Po: Knife/Cut Instr	



LOG # 1075748



EVIDENCE SYNC

TASER Information

Serial ZZX3006CA
Model TASER X2
Firmware Version Rev. 04.010
Application Version 3.13.4
Health Good

Offline Report

Local Timezone Central Daylight Time (UTC -05:00)
Generated On 19 Jun 2015 00:04:11

Dates from : Thu Jun 18 10:00:00 2015 to : Fri Jun 19 00:00:00 2015

Device (X2)

Seq #	Local Time [DD:MM:YYYY hh:mm:ss]	Event [Event Type]	Cartridge Info [Bay: length in feet/status]	Duration [Seconds]	Temp [Degrees Celsius]	Batt Remaining [%]
1856	18 Jun 2015 19:11:08	Armed	C1: Empty C2: Empty		25	99
1857	18 Jun 2015 19:11:10	Arc	C1: Empty C2: Empty	1		99
1858	18 Jun 2015 19:11:11	Safe	C1: Empty C2: Empty	3	25	99
1859	18 Jun 2015 19:11:43	Armed	C1: 25' Standard C2: 25' Standard		24	99
1860	18 Jun 2015 19:11:43	Safe	C1: 25' Standard C2: 25' Standard	0	26	99
1861	18 Jun 2015 22:35:57	Armed	C1: 25' Standard C2: 25' Standard		26	99
1862	18 Jun 2015 22:36:25	Safe	C1: 25' Standard C2: 25' Standard	28	27	99
1863	18 Jun 2015 22:39:06	Armed	C1: 25' Standard C2: 25' Standard		25	99
1864	18 Jun 2015 22:39:25	Trigger	C1: Deployed	5		99
1865	18 Jun 2015 22:39:29	Trigger	C2: Deployed	5		99
1866	18 Jun 2015 22:39:34	Trigger	C2: Deployed	29		99
1867	18 Jun 2015 22:40:04	Trigger	C2: Deployed	4		97
1868	18 Jun 2015 22:40:09	Safe	C1: Deployed C2: Deployed	63	30	97
1869	18 Jun 2015 22:40:54	Armed	C1: Deployed C2: Deployed		27	97
1870	18 Jun 2015 22:41:38	Safe	C1: Deployed C2: Deployed	44	28	97
1871	18 Jun 2015 23:56:25	USB Connected				
1872	18 Jun 2015 23:58:14	Time Sync	18 Jun 2015 23:56:27 to 18 Jun 2015 23:58:14			

TACTICAL RESPONSE REPORT/Chicago Police Department

1 DATE OF INCIDENT 18-JUN-2015		TIME 22:42:00		2 ADDRESS OF OCCURRENCE 1740 N HERMITAGE AVE CHICAGO, IL 60622		3 LOCATION CODE 330		4 BEAT/OCCUR 1433		
MEMBER INVOLVED	5 POSITION 9161	6 LAST NAME JACKOWIAK	7 FIRST NAME JOHN P	8 STAR NO. 3130	9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10 RACE CODE WHH	11 AGE 509	12 HT 210	13 WT 210	
	14 DATE OF APPT. 21-JUN-1999	15 EMPLOYEE NO. [REDACTED]	16 UNIT & BEAT OF ASSIGNMENT 012 1293	17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18 MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
SUBJECT INFORMATION	20 LAST NAME [REDACTED]	21 FIRST NAME [REDACTED]	22 M.I. [REDACTED]	23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24 RACE WHH	25 D.O.B. [REDACTED]	26 HT 510	27 WT 240		
	29 TELEPHONE NO. [REDACTED]		30 WAS SUBJECT ARMED? KNIFE/OTHER CUTTING INSTRUMENT, OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31 SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
REASON FOR USE OF FORCE (Check all that apply)	33 WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		34 BY WHOM? [REDACTED]		35 CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		36 CHARGES PLACED [REDACTED]			
	37 CB NO. [REDACTED]		IR NO. [REDACTED]		DNA <input type="checkbox"/>					
SUBJECT'S ACTIONS	PASSIVE REGISTER		ACTIVE REGISTER		ASSAULT: ASSAULT		ASSAULT: BATTERY		ASSAULT: DEADLY FORCE	
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER [REDACTED]		FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER [REDACTED]		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER [REDACTED]		ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER [REDACTED]		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER [REDACTED]	
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WHISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/> OTHER [REDACTED]		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input checked="" type="checkbox"/> TASER (Contact Stun) <input checked="" type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER [REDACTED]		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER [REDACTED]		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER [REDACTED]		FIREARM <input type="checkbox"/> OTHER [REDACTED]	
	39 OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]		40 ADDITIONAL INFORMATION [REDACTED]							
WEAPON DISCHARGE INCIDENT	POSITION [REDACTED]		STAR NO. [REDACTED]		UNIT [REDACTED]		41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER [REDACTED]			
	42 INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS CLEAR		45 MAKE/MANUFACTURER [REDACTED]			
CASE INFO.	46 MODEL [REDACTED]		47 BARREL LENGTH [REDACTED]		48 CALIBER/GAUGE [REDACTED]		49 TASER DART ID NO. DNA, C62004DYW			
	50 WEAPON SERIAL NO. (Include Letters) ZZX3006CA		51 CHICAGO GUN REG. NO. [REDACTED]		52 IL FIREARM OWNER ID. NO. [REDACTED]		53 HANDGUN CERTIFICATE NO. [REDACTED]			
SIGNATURES	54 SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55 PROPERTY INVENTORY NO. [REDACTED]		56 TYPE OF AMMUNITION USED [REDACTED]		57 NO. OF WEAPONS DISCHARGED BY THIS MEMBER 3		58 TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]	
	59 WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) [REDACTED]		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61 NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]		62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (SPECIFY) [REDACTED]		70 EVENT NO. [REDACTED]	
63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (SPECIFY) [REDACTED]		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]				
SIGNATURES	67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT		68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]		71 RD. NO. [REDACTED]			
	72 NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input checked="" type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR. & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.									
SIGNATURES	73 REPORTING MEMBER (Print Name) JACKOWIAK, JOHN P		STAR/EMPLOYEE NO. 3130		SIGNATURE [REDACTED]		74 REVIEWING SUPERVISOR (Print Name) NONCZ, GREGORY E			
	19-JUN-2015 00:19:35		STAR NO. 1566		SIGNATURE [REDACTED]		DATE REVIEWED 19-JUN-2015 00:26:36			
75 REVIEWING SUPERVISOR (Print Name) NONCZ, GREGORY E										

39 <input type="checkbox"/> DNA WEAPON DISCHARGE INCIDENT	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR	
	45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE	
	49. TASER DART ID NO. C82004DYW		50. WEAPON SERIAL No. (Include Letters) ZZX3006CA		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.	
	53. HANDGUN CERTIFICATE NO.		54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED	
57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 3		58. TOTAL NO. OF SHOTS MEMBER FIRED		59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		
61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		
65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - .05 FT. <input type="checkbox"/> 02 .05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		
69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)						70. EVENT NO. 1516918982		

39 <input type="checkbox"/> DNA WEAPON DISCHARGE INCIDENT	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR	
	45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE	
	49. TASER DART ID NO. DNA		50. WEAPON SERIAL No. (Include Letters) XXZ3006CA		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.	
	53. HANDGUN CERTIFICATE NO.		54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED	
57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 3		58. TOTAL NO. OF SHOTS MEMBER FIRED		59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		
61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		
65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - .05 FT. <input type="checkbox"/> 02 .05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		
69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)						70. EVENT NO.		

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ ONA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject taken to [REDACTED] and therefore unavailable to be interviewed at this time.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Reporting lieutenant has concluded that the member's actions were in compliance with Department procedures and directives.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

FINE, MICHAEL P

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

19-JUN-2015 00:40:09

79. TOTAL TRR's THIS EVENT No.

2

RE

"X APPLICABLE BOXES"

CPD-11.451 (REV. 1/04)

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

REPORTING MEMBER - SIGNATURE
JACKOWIAK, JOHN P

STAR NO.
3130

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
FINE, MICHAEL P 287

PC0F183

CPD-11.451 (REV. 1/04)

CPD 0289575

**REPORT OF EXPOSURE TO COMMUNICABLE DISEASE/HAZARDOUS MATERIAL
CHICAGO POLICE DEPARTMENT**

TODAY'S DATE (DAY - MONTH - YEAR)
18 JUN 15

INSTRUCTIONS: This report is to be completed by a supervisor even if the exposure does not require medical treatment. It is to be forwarded to the Medical Services Section immediately with copies of all applicable reports attached. In communicable disease cases the member should contact the Medical Services Section within 7 calendar days, if not previously contacted. Prepare this report in triplicate: the original to the Medical Services Section; one copy to the member's unit commanding officer of exempt rank; one copy to concerned member.

SPECIFY COMMUNICABLE DISEASE/HAZARDOUS MATERIAL HUMAN BLOOD		CHEMICAL IDENTIFICATION NUMBER	
NAME OF MEMBER (LAST- FIRST- M.I.) JACKOWIAK, JOHN P.		STAR NO. 3130	EMPLOYEE NO. [REDACTED]
HOME ADDRESS (NO., STREET, ZIP CODE) [REDACTED]		HOME PHONE NO. [REDACTED]	SEX-AGE M 47
DATE OF EXPOSURE - TIME 18 JUN 15 10 MINUTES		LENGTH OF EXPOSURE [REDACTED]	UNIT ASSIGNED/DETAILED 012
ADDRESS WHERE EXPOSURE OCCURRED [REDACTED]		WHAT TYPE OF INCIDENT WAS MEMBER ASSIGNED TO? DISTURBANCE MENTAL	
NAME & ADDRESS OF PERSON SUSPECTED TO BE INFECTED WITH CONTAGIOUS DISEASE [REDACTED]		DISPOSITION OF PERSON EXPOSED TO <input checked="" type="checkbox"/> ARRESTED <input type="checkbox"/> C.C. INSTITUTE OF FORENSIC MED. <input type="checkbox"/> OTHER (SPECIFY)	
PPE USED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TYPE PPE USED <input type="checkbox"/> GLOVES <input type="checkbox"/> GOWN <input type="checkbox"/> OTHER - SPECIFY <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> CHEMICAL SUIT		EMERGENCY MEDICAL TREATMENT <input type="checkbox"/> GIVEN AT SCENE <input checked="" type="checkbox"/> HOSPITAL (SPECIFY) <input type="checkbox"/> NONE
DESCRIBE IN DETAIL HOW EXPOSURE OCCURRED (SPASH, DROPLET, FOG, MIST, BLOOD, OR MUCUS). LIST RD NO. WHEN AVAILABLE & C.B. NO. IN CASE OF ARREST) [REDACTED]			

EXPOSURE OCCURED WHEN P.O.J.JACKOWIAK #3130 AND P.O.C.LINDAHL #8634 ASSISTED IN THE ARREST OF AN OFFENDER WHO WAS COVERED IN HIS OWN BLOOD FROM NUMEROUS SELF INFLICTED LACERATIONS FROM BROKEN GLASS. P.O.J.JACKOWIAK #3130 WAS EXPOSED TO NUMEROUS DROPLETS OF OFFENDER'S BLOOD ON HIS HEAD, FACE, ARMS, HANDS, SHIRT, PANTS, BOOTS AND GLASSES.

WERE WITNESSES PRESENT? IF YES, LIST NAME(S) & ADDRES(ES)
☒ YES ☐ NO

FIRE DEPARTMENT INCIDENT COMMANDER

BASED UPON THE INFORMATION AVAILABLE, WAS THE MEMBER EXPOSED TO THE COMMUNICABLE DISEASE/HAZARDOUS MATERIAL IN THE PERFORMANCE OF DUTY?
☒ YES ☐ NO ☐ UNKNOWN

SUPERVISOR PREPARING REPORT (PRINT NAME) - RANK SIGNATURE DATE

Noncz Gregory Sgt

I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS CORRECT AND THAT THE EXPOSURE WAS SUSTAINED IN THE PERFORMANCE OF DUTY.

IF MEMBER IS UNABLE TO SIGN
RECORD THIS IN SIGNATURE BLOCK

MEMBER'S SIGNATURE

P.O. J. Jackowiak #3130

DATE

19 JUN 15

I HEREBY CERTIFY THAT AS A RESULT OF THE FACTS STATED ABOVE:

☒ I AM SATISFIED THAT THE EXPOSURE DESCRIBED ABOVE WAS RECEIVED IN THE PERFORMANCE OF DUTY.

☐ I AM NOT SATISFIED THAT THE EXPOSURE DESCRIBED ABOVE WAS RECEIVED IN THE PERFORMANCE OF DUTY.

SIGNATURE OF UNIT COMMANDER OF EXEMPT RANK - RANK UNIT DATE

MEDICAL SERVICES SECTION USE ONLY

DATE & TIME MEMBER CONTACTED CONTACTED BY - NAME - STAR/EMPLOYEE NO.

REMARKS

**REPORT OF EXPOSURE TO COMMUNICABLE DISEASE/HAZARDOUS MATERIAL
CHICAGO POLICE DEPARTMENT**

TODAY'S DATE (DAY - MONTH - YEAR)

18 JUNE 2015

INSTRUCTIONS: This report is to be completed by a supervisor even if the exposure does not require medical treatment. It is to be forwarded to the Medical Services Section immediately with copies of all applicable reports attached. In communicable disease cases the member should contact the Medical Services Section within 7 calendar days, if not previously contacted. Prepare this report in triplicate: the original to the Medical Services Section; one copy to the member's unit commanding officer of exempt rank; one copy to concerned member.

SPECIFY COMMUNICABLE DISEASE/HAZARDOUS MATERIAL HUMAN BLOOD		CHEMICAL IDENTIFICATION NUMBER	
NAME OF MEMBER (LAST- FIRST- M.I.) LINDAHL, CHRISTOPHER, A		STAR NO. 8634	EMPLOYEE NO. [REDACTED]
HOME ADDRESS (NO., STREET, ZIP CODE) [REDACTED]		HOME PHONE NO. [REDACTED]	SEX-AGE M-37
DATE OF EXPOSURE - TIME LENGTH OF EXPOSURE 18JUN15 2242HRS 10 MINUTES		UNIT ASSIGNED/DETAILED 012	
ADDRESS WHERE EXPOSURE OCCURRED [REDACTED]		TIME EXPOSURE WAS REPORTED TO SUPERVISOR 2243 HRS	
WAS MEMBER ASSIGNED TO <input checked="" type="checkbox"/> BEAT CAR <input type="checkbox"/> SQUADROL		<input type="checkbox"/> OTHER (SPECIFY)	

WHAT TYPE OF INCIDENT WAS MEMBER ASSIGNED TO? DISTURBANCE MENTAL	
NAME & ADDRESS OF PERSON SUSPECTED TO BE INFECTED WITH CONTAGIOUS DISEASE [REDACTED]	
DISPOSITION OF PERSON EXPOSED TO <input checked="" type="checkbox"/> ARRESTED <input type="checkbox"/> C.C. INSTITUTE OF FORENSIC MED. <input type="checkbox"/> OTHER (SPECIFY)	
TYPE USED <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE PPE USED <input type="checkbox"/> GLOVES <input type="checkbox"/> GOWN <input type="checkbox"/> OTHER - SPECIFY <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> CHEMICAL SUIT	
EMERGENCY MEDICAL TREATMENT <input type="checkbox"/> GIVEN AT SCENE <input checked="" type="checkbox"/> HOSPITAL (SPECIFY) <input type="checkbox"/> NONE	
DESCRIBE IN DETAIL HOW EXPOSURE OCCURRED (SPASH, DROPLET, FOG, MIST, BLOOD, OR MUCUS). LIST RD NO. WHEN AVAILABLE & C.B. NO. IN CASE OF ARREST [REDACTED]	

EXPOSURE OCCURED WHEN PO LINDAHL AND PO JACKOWIAK ASSISTED IN THE ARREST OF AN OFFENDER WHO WAS COVERED IN HIS OWN BLOOD FROM NUMEROUS SELF INFLICTED LACERATIONS FROM BROKEN GLASS.
PO LINDAHL #8634 WAS EXPOSED TO NUMEROUS DROPLETS OF BLOOD ON HIS HEAD, FACE, GLASSES, HANDS, ARMS, SHIRT, PANTS, BOOTS, AND HAT.

WERE WITNESSES PRESENT? IF YES, LIST NAME(S) & ADDRES(ES)
☐ YES ☒ NO

FIRE DEPARTMENT INCIDENT COMMANDER

BASED UPON THE INFORMATION AVAILABLE, WAS THE MEMBER EXPOSED TO THE COMMUNICABLE DISEASE/HAZARDOUS MATERIAL IN THE PERFORMANCE OF DUTY?
☒ YES ☐ NO ☐ UNKNOWN

SUPERVISOR PREPARING REPORT (PRINT NAME) - RANK SIGNATURE DATE

NONCZ GREGORY E Sgt
I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS CORRECT AND THAT THE EXPOSURE WAS SUSTAINED IN THE PERFORMANCE OF DUTY.
IF MEMBER IS UNABLE TO SIGN MEMBER'S SIGNATURE DATE
RECORD THIS IN SIGNATURE BLOCK [REDACTED] 19 JUN 15

I HEREBY CERTIFY THAT AS A RESULT OF THE FACTS STATED ABOVE:
☐ I AM SATISFIED THAT THE EXPOSURE DESCRIBED ABOVE WAS RECEIVED IN THE PERFORMANCE OF DUTY.
☐ I AM NOT SATISFIED THAT THE EXPOSURE DESCRIBED ABOVE WAS RECEIVED IN THE PERFORMANCE OF DUTY.

SIGNATURE OF UNIT COMMANDER OF EXEMPT RANK - RANK UNIT DATE

MEDICAL SERVICES SECTION USE ONLY

DATE & TIME MEMBER CONTACTED CONTACTED BY - NAME - STAR/EMPLOYEE NO.

REMARKS

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 18-JUN-2015		TIME 22:22:00		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE 303		4. BEAT/OCCUR 1433	
	5. POSITION 9161		6. LAST NAME CORDERO		7. FIRST NAME MIGUEL A		8. STAR NO. 18568		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE S
	11. AGE [REDACTED]		12. HT. 508		13. WT. 185						
SUBJECT INFORMATION	14. DATE OF APPT. 26-APR-2004		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 014 1481C		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No
	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE WWH		25. D.O.B. [REDACTED]
	26. HT. 508		27. WT. 200		28. M.I. [REDACTED]		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No
	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		34. BY WHOM? [REDACTED]		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence		36. CHARGES PLACED [REDACTED]		37. CB NO. [REDACTED]
	38. D.N.A. [REDACTED]		39. D.N.A. [REDACTED]		40. D.N.A. [REDACTED]		41. D.N.A. [REDACTED]		42. D.N.A. [REDACTED]		43. D.N.A. [REDACTED]
REASON FOR USE OF FORCE (Check all that apply)	38. SUBJECT'S ACTIONS		39. MEMBER'S RESPONSE		40. ADDITIONAL INFORMATION		41. WEAPON TYPE		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS
	44. WEATHER CONDITIONS		45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE		49. TASER DART ID NO.
WEAPON DISCHARGE INCIDENT	50. WEAPON SERIAL NO. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID NO.		53. HANDGUN CERTIFICATE NO.		54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.
	56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		58. TOTAL NO. OF SHOTS MEMBER FIRED		59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/SHOT SHELLS RELOADED
	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		66. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		67. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN
	68. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		69. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input checked="" type="checkbox"/> CPIC		70. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.		71. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		72. REPORTING MEMBER (Print Name) CORDERO, MIGUEL A		STAR/EMPLOYEE NO. 18568
	73. SIGNATURE [REDACTED]		74. REVIEWING SUPERVISOR (Print Name) BETANCOURT, WILLIAM		STAR NO. 2279		SIGNATURE [REDACTED]		DATE REVIEWED 19-JUN-2015 01:37:04		TIME 19-JUN-2015 01:37:04

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject taken to [REDACTED] and therefore unavailable to be interviewed at this time

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Reporting lieutenant has concluded that the member's actions were in compliance with Department procedures and directives.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

FINE, MICHAEL P

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

19-JUN-2015 01:50:01

79. TOTAL TRR's THIS EVENT No.

5

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 18-JUN-2015		TIME 22:42:00		2. ADDRESS OF OCCURRENCE		3. LOCATION CODE 289		4. BEAT/OCCUR 1433											
MEMBER INVOLVED	5. POSITION 9161		6. LAST NAME LEVINE		7. FIRST NAME AARON M		8. STAR NO. 5444		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE 511		12. HT. 178		13. WT.		
	14. DATE OF APPT. 18-DEC-2006		15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT 014 1465E		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No								
SUBJECT INFORMATION	20. LAST NAME		21. FIRST NAME		22. M.I.		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE WWH		25. D.O.B.		26. HT. 510		27. WT. 200				
	28. ADDRESS		29. TELEPHONE NO.		30. WAS SUBJECT ARMED? OTHER (SPECIFY, VERBAL THREAT (ASSAULT), FEET) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No										
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?		34. BY WHOM?		35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid														
36. CHARGES PLACED				DNA		37. CB NO.		IR NO.											
REASON FOR USE OF FORCE (Check all that apply)	38. PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE										
	SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____		FLED PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER MENACED MEMBER W/ W/		ATTACK WITH WEAPON ATTACK WITHOUT WEAPON OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON OTHER THREW GLASS SHARDS										
WEAPON DISCHARGE INCIDENT	MEMBER'S RESPONSE MEMBER PRESENCE VERBAL COMMANDS ESCORT HOLDS WRISTLOCK ARMBAR PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT OC/CHEMICAL WEAPON W/AUTHORIZATION OTHER _____		OPEN HAND STRIKE TAKE DOWN / EMERGENCY HANDCUFFING OC CHEMICAL WEAPON CANINE TASER (Probe Discharge) TASER (Contact Stun) TASER (Spark Displayed) OTHER _____		ELBOW STRIKE CLOSED HAND STRIKE/PUNCH IMPACT WEAPON (Describe in Box 40) OTHER _____		KNEE STRIKE KICKS IMPACT MUNITION (Describe in Box 40)		FIREARM OTHER _____										
	39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) <input checked="" type="checkbox"/> DNA		40. ADDITIONAL INFORMATION R/O ASSISTED OTHER MEMBERS IN SECURING THE SUBJECT USING ABOVE RESPONSES. THE SUBJECT IN AN APPARENT IMPAIRED STATE SHATTERED 8 CAR WINDOWS INCLUDING A CHICAGO POLICE CAR. SUBJECT THEN USING BARE HANDS BROKE OUT A FULL WINDOW AND THREW SHARDS AT MEMBERS.																
WEAPON DISCHARGE INCIDENT	41. WEAPON TYPE 01 REVOLVER 02 RIFLE 03 SHOTGUN		04 SEMI-AUTO PISTOL 05 CHEMICAL WEAPON 06 TASER (Probe Discharge) 07 OTHER		42. INCIDENT OCCURRED Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS 01 Daylight 02 Night 03 Dawn 04 Dusk 05 Poor Artificial 06 Good Artificial		44. WEATHER CONDITIONS CLEAR										
	45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE												
	49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.										
	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		58. TOTAL NO. OF SHOTS MEMBER FIRED										
	59. WHO FIRED FIRST SHOT 01 MEMBER 02 OFFENDER		03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT 01 YES 02 NO		61. NO OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN 01 RT. SIDE (WAIST) 02 LT. SIDE (WAIST)		03 OTHER (Specify)								
CASE INFO.	63. HOW WAS MEMBER'S HANDGUN DRAWN 01 STRONG SIDE DRAW 02 CROSS DRAW		03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS 01 YES 02 NO												
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)				67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED 01 0 - 5 FT. 02 5 - 10 FT. 03 10 - 15 FT. 04 OVER 15 FT.														
	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON 01 PERSON 02 OBJECT 03 BOTH 04 UNKNOWN				69. POSITION OF MEMBER DISCHARGING WEAPON 01 STANDING 02 LYING DOWN 03 SITTING 04 KNEELING 05 OTHER (SPECIFY)														
	70. NOTIFICATIONS (OC OR TASER INCIDENT): OEMC DSS & LT./DIST. OF OCCUR. CPIC				71. NOTIFICATIONS (FIREARM INCIDENT): OEMC DSS/DIST. OF OCCUR & OCIC CPIC DET. DIV.														
	72. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																		
SIGNATURES	73. REPORTING MEMBER (Print Name) LEVINE, AARON M		STAR/EMPLOYEE NO. 5444		SIGNATURE														
	74. REVIEWING SUPERVISOR (Print Name) FINE, MICHAEL P		STAR NO. 287		SIGNATURE		DATE REVIEWED 19-JUN-2015 01:26:56		TIME										

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject taken to [REDACTED] and therefore unavailable to be interviewed at this time.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Reporting lieutenant had determined that the member's actions were in compliance with Department procedures and directives.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

FINE, MICHAEL P

SIGNATURE

DATE COMPLETED

TIME

19-JUN-2015 01:29:05

79. TOTAL TRR's THIS EVENT No.

5

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED		1. DATE OF INCIDENT 18-JUN-2015		TIME 22:42:00		2. ADDRESS OF OCCURRENCE [REDACTED]				3. LOCATION CODE 330		4. BEAT/OCCUR 1433											
		5. POSITION 9161		6. LAST NAME LINDAHL		7. FIRST NAME CHRISTOPH A		8. STAR NO. 8634		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE [REDACTED]		12. HT 601		13. WT 155					
SUBJECT INFORMATION		14. DATE OF APPT 19-JUN-2000		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 012 1293		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No											
		20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE WWH		25. D.O.B. [REDACTED]		26. HT 510		27. WT 240							
REASON FOR USE OF FORCE (Check all that apply)		28. <input type="checkbox"/> DNA		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? KNIFE/OTHER CUTTING INSTRUMENT, KNIFE/OTHER CUTTING INSTRUMENT, OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		34. BY WHOM? [REDACTED]		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		36. CHARGES PLACED [REDACTED]		37. CB NO. [REDACTED]		IR NO. <input type="checkbox"/> DNA	
		38. <input type="checkbox"/> DNA		39. <input checked="" type="checkbox"/> DNA		40. ADDITIONAL INFORMATION WOODEN BATON		41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Other <input checked="" type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR		45. MAKE/MANUFACTURER [REDACTED]		46. MODEL [REDACTED]		47. BARREL LENGTH [REDACTED]		48. CALIBER/GAUGE [REDACTED]	
WEAPON DISCHARGE INCIDENT		49. TASER DART ID NO. [REDACTED]		50. WEAPON SERIAL NO. (Include Letters) [REDACTED]		51. CHICAGO GUN REG. NO. [REDACTED]		52. IL FIREARM OWNER ID. NO. [REDACTED]		53. HANDGUN CERTIFICATE NO. [REDACTED]		54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55. PROPERTY INVENTORY NO. [REDACTED]		56. TYPE OF AMMUNITION USED [REDACTED]		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED]		58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]			
		59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify) [REDACTED]		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED [REDACTED]		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) [REDACTED]		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) [REDACTED]		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]	
CASE INFO.		70. EVENT NO. [REDACTED]		71. RD NO. [REDACTED]		72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		73. REPORTING MEMBER (Print Name) LINDAHL, CHRISTOPH A		STAR/EMPLOYEE NO. 8634		SIGNATURE [REDACTED]		74. REVIEWING SUPERVISOR (Print Name) NONCZ, GREGORY E		STAR NO. 1566		DATE REVIEWED 19-JUN-2015 00:27:19		TIME			
		75. SIGNATURES		76. SIGNATURES		77. SIGNATURES		78. SIGNATURES		79. SIGNATURES		80. SIGNATURES		81. SIGNATURES		82. SIGNATURES		83. SIGNATURES		84. SIGNATURES			

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject taken to [REDACTED] and therefore unavailable to be interviewed at this time.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Reporting lieutenant has concluded that the member's actions were in compliance with Department procedures and directives.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

FINE, MICHAEL P

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

19-JUN-2015 00:45:26

79. TOTAL TRAs THIS EVENT No.

2

RD NO. [REDACTED]

"X APPLICABLE BOXES"

CPD-11.451 (REV. 1/04)

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

-

REPORTING MEMBER - SIGNATURE
LINDAHL, CHRISTOPH A

STAR NO.
8634

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
FINE, MICHAEL P 287

CPD-11.451 (REV. 1/04)

CPD 0289585

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 18-JUN-2015		TIME 22:42:00		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE 289		4. BEAT/OCCUR 1433		
	5. POSITION 9171		6. LAST NAME REYES		7. FIRST NAME FELIPE		8. STAR NO. 1126		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE S	
SUBJECT INFORMATION	14. DATE OF APPT. 29-APR-2002		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 014 1407		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE WWH		25. D.O.B. [REDACTED]	
	28. ADDRESS [REDACTED]		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]				34. BY WHOM? [REDACTED]		35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid					
REASON FOR USE OF FORCE (Check all that apply)	38. PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE			
	SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input checked="" type="checkbox"/> OTHER THREW GLASS _____			
WEAPON DISCHARGE INCIDENT	MEMBER'S RESPONSE MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARM BAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input checked="" type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input checked="" type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input checked="" type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____		FIREARM <input type="checkbox"/> OTHER _____			
	39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) <input checked="" type="checkbox"/> X					40. ADDITIONAL INFORMATION R/SGT STRUCK OFFENDER WITH BATON SEVERAL TIMES IN AN ATTEMPT TO SUBDUE						
CASE INFO.	POSITION		STAR NO.		UNIT							
	41. WEAPON TYPE 01 REVOLVER 02 RIFLE 03 SHOTGUN		04 SEMI-AUTO PISTOL 05 CHEMICAL WEAPON 06 TASER (Probe Discharge) 07 OTHER		42. INCIDENT OCCURRED Indoors <input checked="" type="checkbox"/> Outdoors <input type="checkbox"/>		43. LIGHTING CONDITIONS 02 Night <input checked="" type="checkbox"/> 03 Dawn <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/>		01 Daylight <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 06 Good Artificial <input type="checkbox"/>		44. WEATHER CONDITIONS CLEAR	
	49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.			
	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		58. TOTAL NO. OF SHOTS MEMBER FIRED			
	59. WHO FIRED FIRST SHOT 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify) _____		60. WAS FIREARM RELOADED DURING INCIDENT 01 YES <input type="checkbox"/> 02 NO <input type="checkbox"/>		61. NO OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) _____					
	63. HOW WAS MEMBER'S HANDGUN DRAWN 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) _____		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS 01 YES <input type="checkbox"/> 02 NO <input type="checkbox"/>							
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)				67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. <input type="checkbox"/>							
	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN <input type="checkbox"/>				69. POSITION OF MEMBER DISCHARGING WEAPON 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) _____							
	70. NOTIFICATIONS (OC OR TASER INCIDENT): OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC <input type="checkbox"/> NOTIFICATIONS (FIREARM INCIDENT): OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. <input type="checkbox"/> Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.											
	SIGNATURES	73. REPORTING MEMBER (Print Name) REYES, FELIPE		STAR/EMPLOYEE NO. 1126		SIGNATURE [REDACTED]						
74. REVIEWING SUPERVISOR (Print Name) FINE, MICHAEL P												
SIGNATURES	74. REVIEWING SUPERVISOR (Print Name) FINE, MICHAEL P		STAR NO. 287		SIGNATURE [REDACTED]							
	DATE REVIEWED 19-JUN-2015 01:29:56		TIME 19-JUN-2015 01:29:56									

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject taken to [REDACTED] and therefore unavailable to be interviewed at this time.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Reporting lieutenant concluded that the member's actions were in compliance with Department procedures and directives

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

FINE, MICHAEL P

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

19-JUN-2015 01:32:09

79. TOTAL TRR's THIS EVENT No.

5